Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	G 555555135
Check if X 24-hour report 48-hour report X New report X Amends report filed	on
Full Name of Payee Virginia T Grant	Date of Public Distribution/Dissemination
	11 17 2014
Mailing Address 134 Shore Crest Circle	Amount
City State Zip Code	20.00
Carrire MS 39426	Transaction ID: 9b14e229-e223-487a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 283783.23	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Virginia T Grant	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 134 Shore Crest Circle	Amount
City State Zip Code	4.20
Carrire MS 39426	Transaction ID : 7ba5e56c-0b43-4033-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 17 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought Disbut 283783.23	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	24.20
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	•
	1 19 2014
Signature	

Schedule E)	L /(1 L /(2)			PAGE 2 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Amanda Boley				f Public Distribution/Dissemination
Mailing Address Split Oak Drive				11 17 2014
			Amoun	t
City	State	Zip Code		80.00
charlotte	NC	28227		action ID : 2eef6dd0-3b87-4f6c-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	283783.23	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date o	f Public Distribution/Dissemination
Amanda Boley				11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive			Amour	nt
City	State	Zip Code	— I	19.02
charlotte	NC	28227		ction ID : 0ef58d5c-8dcc-429e-9 If Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	11 17 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		283783.23	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		·	99.02
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	7 7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	11 /	19 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
Signature				

Schedule E)	NI EXI END	ITOTILO	⊢	PAGE 3 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Carla K Pilgreen			Date of Public	Distribution/Dissemination
Mailing Address 212 Stonecliff Dr			11	17 / 2014
			Amount	
City	State	Zip Code		30.00
West Monro	LA	71291		: f139e70f-cda6-4f73-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		283783.23	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Carla K Pilgreen			11 /	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 212 Stonecliff Dr			Amount	
City	State	Zip Code		6.00
West Monro	LA	71291		: 82f8d5c6-06c3-4c99-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	283783.23	Disbursement For: 2014 Other (spe	Primary ∑ General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			36.00
				7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 19	2014
Signature				

Schedule E)	11 = 71 = 11 = 1	1101120		PAGE 4 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	= M / D = D / Y = Y = Y
	<u> </u>			
Full Name of Payee Regina R Mouton			M	of Public Distribution/Dissemination
Mailing Address 5827 Brighton Pl			Amour	nt
City	State	Zip Code		21.50
New Orleans	LA	70131		action ID: 53bbdc13-582e-487f-8 If Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 17 / 2014
Name of Federal Candidate		Support	Office Sought	:: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	283783.23	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee Regina R Mouton				of Public Distribution/Dissemination
				11 17 2014
Mailing Address 5827 Brighton PI			Amou	nt
City	State	Zip Code		3.30
New Orleans	LA	70131		ction ID : 2df3bec2-852e-44d4-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 17 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	283783.23	Disbursement 2014 Of	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	res			24.80
(4) 552.5				7 7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	7 7
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / /	19 2014
Signature		_		

Schedule E)		10.120		PAGE 5 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEG	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
			M = M	/ D = D / Y = Y = Y
Check if X 24-hour report 48-hour	report New repo	ort Amends repo	ort filed on	
Full Name of Payee Christopher Marquess			Date of Po	ublic Distribution/Dissemination
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		55.00
Ville Platte	LA	70586		on ID : d9f61822-2a41-44c5-9 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	283783.23	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee Christopher Marquess			Date of P	ublic Distribution/Dissemination
Mallian Addison			11	17 2014
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		36.00
Ville Platte	LA	70586	Transactio Date of D	on ID : f56fb2dc-c74a-449d-b disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		283783.23	Disbursement Fo	or: Primary X General (specify) ►
() OURTOTAL of Harrison Indonesia data				24.00
(a) SUBTOTAL of Itemized Independent	Expenditures		· •	91.00
(b) SUBTOTAL of Unitemized Independent	nt Expenditures	······	•	4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party comm	any candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M / D	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	INI EXI END	ITORES		PAGE 6 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DIDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Gary W Fuhrmann			Date of Pu	ublic Distribution/Dissemination
Mailing Address 9425 Jessica Drive			11 Amount	17 2014
			Amount	
City	State	Zip Code		52.50
Shreveport	LA	71106		on ID: e2768e54-3d90-4507-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		283783.23	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee			Date of Po	ublic Distribution/Dissemination
Gary W Fuhrmann			11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9425 Jessica Drive			Amount	
City	State	Zip Code		7.50
Shreveport	LA	71106		n ID : c9f0c1c5-60b5-4122-8 isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M	/ 17 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	283783.23	Disbursement Fo 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditu	Jres			60.00
,,				7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		9 2014
Signaturo				

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Laura U Logie	11 17 2014
	Mailing Address 2565 Shire Circle	Amount
	City State Zip Code	40.00
	Harrisonburg VA 22801	Transaction ID : f3932ca4-0422-4be0-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 17 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 283783.23 Disb 2014	ursement For: Primary X General
	Tot Election for entire sought	U Other (specify) ▶
	Full Name of Payee Lesley Lennox	Date of Public Distribution/Dissemination
	Mailing Address 2305 Cleary Ave	11 17 2014 Amount
	City State Zip Code	12.50
	Metairie LA 70001	Transaction ID : 8192a80e-9fc8-42a1-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 / 17 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disk 283783.23	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	52.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77) (11 77) 11	11 19 2014
	Signature	

PAGE 7

OF

Schedule E)	INI EXI END	ITOTILO		PAGE 8 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	/
Full Name of Payee			Date of F	Public Distribution/Dissemination
Lesley Lennox			M 11	
Mailing Address 2305 Cleary Ave			Amount	
City	State	Zip Code		1.50
Metairie	LA	70001		ion ID: 55c16141-f37c-424a-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	283783.23	Disbursement For 2014 Othe	or: Primary ⊠ General r (specify) ▶
Full Name of Payee	<u> </u>		Date of I	Public Distribution/Dissemination
Tammay Williams			M 11	
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		60.00
New Orleans	LA	70116		on ID: 6702fcd5-7e86-47d6-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7	283783.23	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			61.50
(,)				7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		• •	49-1 49-1 47-1
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report X New report X Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Tammay Williams	11 17 2014
Mailing Address 924 N. Prieur St	Amount
City State Zip Code	15.00
New Orleans LA 70116	Transaction ID : 9d99c983-5fcf-4020-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 17 2014
Name of Federal Candidate Support Offi	ice Sought: House District:00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Dis 283783.23 Dis 201	bursement For: Primary X General Other (specify) ▶
Full Name of Payee Antoinette Franklin	Date of Public Distribution/Dissemination
Mailing Address 8822 Apple St	11 17 2014 Amount
City State Zip Code	30.00
New Orleans LA 70188	Transaction ID : 73281243-1c5d-407a-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 17 2014
Name of Federal Candidate Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dis 283783.23	sbursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	45.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	11 19 2014
Signature	

PAGE

OF

Sched	lule E)	// L /(L(2)	1101120		PAGE 10 OF 34 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Worr	nen Speak Out PAC				C C00530766
Check is	f 🔀 24-hour report 🔲 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full	Name of Payee			Date	of Public Distribution/Dissemination
Ar	ntoinette Franklin				11 17 2014
Mai	ling Address 8822 Apple St			Amou	nt
City	,	State	Zip Code		9.00
Ne	w Orleans	LA	70188		action ID : 6734d3ad-b81f-4453-8 of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002		11 17 / 2014
Nan	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	. Mary L Landrieu		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	2	283783.23	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	Name of Payee			Date	of Public Distribution/Dissemination
Fr	ancis Richardson			IV	11 / D D / Y Y Y Y Y Y
	ling Address 220 Doucet Rd			L	11 17 2014
	ZZU DUUGEI NU			Amou	nt
City	1	State	Zip Code		30.00
	fayette	LA	70503	Transa Date	oction ID: 4a105b39-09a2-4f62-8 of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001	N	11 / 17 / 2014
Nar	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7 7	283783.23	Disbursemen 2014 O	ther (specify) ▶
(a) S	SUBTOTAL of Itemized Independent Expenditure	es		•	39.00
(b) S	SUBTOTAL of Unitemized Independent Expendi	tures		·· •	7 1 7 1 7
(c) T	TOTAL Independent Expenditures			•	7 1 7 1 7 1
with,	er penalty of perjury I certify that the independent or at the request or suggestion of, any candidate committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Si	ignature		_		

Schedule E)	IN EXILIND	ITOTILO		PAGE 11 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Francis Richardson			M = M	c Distribution/Dissemination
Mailing Address 220 Doucet Rd			Amount	17 2014
City	State	Zip Code		0.63
Lafayette	LA	70503		ID: 0ecf2723-35dd-4476-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	17 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , ,	283783.23	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Sheri J Peace			M M M	17 2014
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		75.00
Keithville	LA	71047		D: 6cd9fa6a-2660-4f26-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President)	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	283783.23	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			75.63
(b) SUBTOTAL of Uniternized Independent Exper	nditures			
(-,			-	4
(c) TOTAL Independent Expenditures			•	1 4 1 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 19	2014

Schedule E)		PAGE 12 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	New report Amends report file	ed on
Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination
		11 17 2014
Mailing Address 9685 Paula St		Amount
City State	Zip Code	14.40
Keithville LA	71047	Transaction ID : 852c2294-11ba-4003-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 17 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	283783.23 Disl 201	bursement For: Primary General Other (specify) ▶
Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination
		11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4106 Martha St		Amount
City State	Zip Code	80.00
Shreveport LA	71109	Transaction ID : f68dd5de-4df1-4b61-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		ice Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	283783.23 Dis 201	bursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	94.40
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent experwith, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
	Electronically Filed] Date	11 19 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
Signature		

Schedule E)	ENT EXICID	ITOTILO		PAGE 13 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Felicia A Jones			11	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4106 Martha St			Amount	
City	State	Zip Code		10.50
Shreveport	LA	71109		D: ab5dd95f-39da-4a64-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	.,,	283783.23	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	: Distribution/Dissemination
Cynthia J Christmas			M = M /	17 2014
Mailing Address 1731 Frenchmen St			Amount	
City	State	Zip Code		80.00
New Orleans	LA	70116		: 45665842-ffc0-4ede-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		283783.23	Disbursement For: 2014 Other (spe	Primary X General ecify) ►
(a) CURTOTAL of Haggings Independent Funces	I'			20.50
(a) SUBTOTAL of Itemized Independent Expendent	ntures		· •	90.50
(b) SUBTOTAL of Unitemized Independent Expendent	enditures)	
(c) TOTAL Independent Expenditures			·	1 7 1 1 7 1
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ididate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 19	2014

Schedule E)	II EXI END	TOTIES		PAGE 14 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Cynthia J Christmas			M = M	lic Distribution/Dissemination
Mailing Address 1731 Frenchmen St			Amount	17 2014
City	State	Zip Code		10.50
New Orleans	LA	70116		ID: 2bda7e4a-b4e7-4edf-a bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	283783.23	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee Christopher L Gilbert	_		M = M	olic Distribution/Dissemination
Mailing Address 55 Lovell Johnson Rd			Amount	17 2014
City	State	Zip Code		80.00
Picayune	MS	39466		ID: 7db6f2fb-1f56-40de-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	283783.23	Disbursement For: 2014 Other (Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	es		.	90.50
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	
(c) TOTAL Independent Expenditures				
(-)			<u> </u>	4 4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	11 / 19	2014
Signature				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Christopher L Gilbert	11 17 2014
Mailing Address 55 Lovell Johnson Rd Amo	ount
City State Zip Code	46.20
	nsaction ID : e5c8edac-e997-4023-a e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 17 7 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
Ms. Mary L Landrieu	ident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary ⊠ General Other (specify) ▶
	e of Public Distribution/Dissemination
Mailing Address 205 Medallion Circle Amo	11 17 2014 ount
City State Zip Code	80.00
Shreveport LA 71119 Trans	saction ID : c03f8e6d-9f23-4412-9 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 / 17 / 2014
Name of Federal Candidate Support Office Sou	ght: House District:00
Ms. Mary L Landrieu Presi	ident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	126.20
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 15

OF

Schedule E)	NI EXI END	ITORES		PAGE 16 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Lilly Green			M 11	/ D D / Y Y Y Y Y Y Y 17 17 2014
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		50.40
Shreveport	LA	71119		ID: 8a9b63d1-b5e7-4ac2-a pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	:	283783.23	Disbursement For: 2014 Other (s	Primary X General Specify) ►
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Gregory Green			11	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71104		ID: c2319680-67c6-4383-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 M	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	283783.23	Disbursement For: 2014 Other (Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			130.40
			-7	4
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		• •	7
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 19	2014
				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New	report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Gregory Green	11 17 17 2014
Mailing Address 2506 Bolch Street	Amount
City State	Zip Code 64.50
Shreveport LA	71104 Transaction ID : e252f1a2-a5c0-4af0-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 11 17 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Zachary Vidrine	Date of Public Distribution/Dissemination
Mailing Address 202 Rue Des Cajun	
City State	Zip Code 65.00
Ville Platte LA	70586 Transaction ID : 7a6998f9-fab2-49bf-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 11 17 7 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	129.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	>
	ures reported herein were not made in cooperation, consultation, or concert rized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [Elec	ctronically Filed] Date 11 19 2014
Signature	

PAGE

OF

Schedule E)	INI EXI END	ITOTILO		PAGE 18 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Zachary Vidrine			Date of Pub	olic Distribution/Dissemination
Mailing Address 202 Rue Des Cajun			Amount	17 2014
			Amount	
City	State	Zip Code		17.10
Ville Platte	LA	70586		n ID: 42b05423-f148-4d99-a bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	:	283783.23	Disbursement For: 2014 Other (s	Primary ⊠ General Specify) ▶
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Joshua J Huffman			M = M	/ D D / Y Y Y Y Y Y Y 17 17 2014
Mailing Address 211 Dixie Ave			Amount	
City	State	Zip Code		70.00
Harrisonburg	VA	22801		ID: 7c4ea002-263b-4b70-b bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	283783.23	Disbursement For: 2014 Other (Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			87.10
(-)				-
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	
(c) TOTAL Independent Expenditures			· •	7 1 2
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 19	
Jigitataio				

NAME OF COMMITTEE (In Full) Women Speak Out PAC Check if 24-hour report 48-hour report Amends report filed on Management Manage	UMBER ▼
. C C00530766	Y Y Y Y
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report file	Y = Y = Y
Full Name of Payee Date of Public Distribution/Disse	emination
	2014
Mailing Address 629 Radiance Ave Amount	
City State Zip Code	80.00
Metairie LA 70001 Transaction ID : a7ef21b0-91ea Date of Disbursement or Obligation	a-4b23-9
Purpose of Expanditure	2014
Name of Federal Candidate Support Office Sought: House Distric	ct: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 283783.23 Disbursement For: 2014 2014	G eneral
Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre Date of Public Distribution/Disse	emination
Mailing Address 629 Radiance Ave Amount	2014
City State Zip Code	4.50
Metairie LA 70001 Transaction ID : 581078ae-36f3-	4d92-a
Purpose of Expenditure Mileage Category/ Type O02 Type Date of Disbursement or Obliga Manual Category/ 11 17	2014
Name of Federal Candidate Support Office Sought: House Distri	ct:00
Ms. Mary L Landrieu	te: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Primary □ 2014 □ Other (specify) ▶	K General
(a) SUBTOTAL of Itemized Independent Expenditures	84.50
(b) SUBTOTAL of Unitemized Independent Expenditures	-
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11 19 2014	Y
Signature	

PAGE 19

OF

Sc	chedule E)	L. 1.				PAGE 20 OF 34 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					C00530766
Che	eck if 24-hour report 48-hour report N	New repo	oort Amends repo	rt filed on	M = M /	D D / Y Y Y Y Y
Т	Full Name of Payee Jenny N Brown			Date	e of Public	Distribution/Dissemination
	Mailing Address 1270 Lovelady Rd				11 /	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Walling 7,00,000 1270 Lovelady Rd			Amo	ount	
Ì	City State		Zip Code			40.00
	West Monroe LA		71292			D: 46785a8b-7611-4bce-a rsement or Obligation
Ì	Purpose of Expenditure Salary		Category/ Type 001		11 /	17 / 2014
Ì	Name of Federal Candidate		Support	Office Sou	ght:	House District: 00
	Ms. Mary L Landrieu		X Oppose	Presi	_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	283783.23	Disburseme 2014	ent For: Other (spe	Primary
	Full Name of Payee			Date	e of Public	: Distribution/Dissemination
	Jenny N Brown				M = M /	17 / Y Y Y Y Y Y
1	Mailing Address 1270 Lovelady Rd			- 	11	17 2014
	1210 Lovelauy Nu			Amo	ount	
1	City State		Zip Code			7.50
	West Monroe LA		71292	Tran Date	saction ID e of Disbu	: 989dbd45-a2c7-4840-a rsement or Obligation
Ì	Purpose of Expenditure Mileage		Category/ Type 002		11 /	17 / 2014
Ì	Name of Federal Candidate		Support	Office Sou	ght:	House District:00
	Ms. Mary L Landrieu		X Oppose	Pres	ident >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		283783.23	Disburseme 2014	ent For: Other (sp	Primary
((a) SUBTOTAL of Itemized Independent Expenditures			· L	-	47.50
((b) SUBTOTAL of Unitemized Independent Expenditures			· •	-	
((c) TOTAL Independent Expenditures			•	-7-	
٧	Under penalty of perjury I certify that the independent experwith, or at the request or suggestion of, any candidate or autoparty committee) any political party committee or its agent.					
	Ms. Emily Buchanan	Electron	nically Filed] Date	M M M	19	/ Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_			

Schedule E)	LINDITOTIES	PAGE 21 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if X 24-hour report 48-hour report	New report Amends report f	iled on D / Y Y Y Y Y Y
Full Name of Payee Cynthia N Schmit		Date of Public Distribution/Dissemination
Mailing Address 2226 Taft Circle Apt 1		11 17 2014 Amount
City State	Zip Code	22.50
Winchester VA	22601	Transaction ID : cc80eb82-a69b-434d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu	Oppose [President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Virginia T Grant		11 17 2014
Mailing Address 134 Shore Crest Circle		11 17 2014
		Amount
City State	Zip Code	40.00
Carrire MS	39426	Transaction ID : 519f3da5-4c49-4fb1-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General O14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	62.50
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
	[Electronically Filed] Date	11 19 2014
Signature		

Schedule E)	II EXI END	ITOTILO		PAGE 22 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Virginia T Grant			M = M /	Distribution/Dissemination
Mailing Address 134 Shore Crest Circle			Amount	17 2014
City	State	Zip Code		8.70
Carrire	MS	39426		D: 50e95738-9f33-414f-b irsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M - M /	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		283783.23	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee ERIC TABARY			M = M	c Distribution/Dissemination
Mailing Address 6101 NORA ST			Amount	17 2014
City	State	Zip Code		60.00
City METAIRIE	LA	70003		D: 50a525d2-2e32-4012-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M - M	17 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	283783.23	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	es			68.70
(b) SUBTOTAL of Unitemized Independent Expendent	itures			1111111
			,	7 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 19	2014
5.g/(a.a.)				

Schedule E)	INT EXICID	THORIES		PAGE 23 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
ERIC TABARY			11	17 / 2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		1.50
METAIRIE	LA	70003		in ID: ed33df19-b9d1-487d-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	17 Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	:	283783.23	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Francesca Blom			11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 101 Asbury Ct			Amount	
City	State	Zip Code		90.00
Winchester	VA	22602		ID: 4e2acc58-e79c-4302-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 M	17 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	283783.23	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expendit	ures			91.50
				7
(b) SUBTOTAL of Unitemized Independent Exper	ditures		• •	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 19	
-				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Theresa a Youngblood	11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 102 S Main Street Apt A2	Amount
ŀ	City State Zip Code	80.00
	Berryville VA 22611	Transaction ID : 99def949-713e-4f4e-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 17 2014
ı	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 283783.23 Disbut 2014	rsement For: Primary
	Full Name of Payee Julia Perry	Date of Public Distribution/Dissemination
ľ	Mailing Address 2046 Perrin St Apt C	Amount
ŀ	City State Zip Code	100.00
	Shreveport LA 71101	Transaction ID: 2855c73a-e632-4d95-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 17 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 283783.23	rsement For: Primary X General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	180.00
((b) SUBTOTAL of Unitemized Independent Expenditures	4 4 4
(Co) TOTAL Independent Expenditures	1 4 1 4 1 6
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

PAGE

OF

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends rep	port filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Julia Perry				M M / D D / Y Y Y Y Y Y 11 17 2014
Mailing Address 2046 Perrin St Apt C			Amo	punt
City	State	Zip Code		12.90
Shreveport	LA	71101		nsaction ID : 4cb17c15-9e4b-4a9a-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms. Mary L Landrieu		X Oppose	Presi	
Calendar Year-To-Date Per Election for Office Sought	2	283783.23	Disburseme 2014	ent For: Primary
Full Name of Payee Carl Brent			Date	e of Public Distribution/Dissemination
Mailing Address 6718 Lake Willow Dr			Amo	11 17 2014 ount
City	State	Zip Code	<u> —</u> г	80.00
New Orleans	LA	70126		saction ID : a4611787-2221-4e58-b e of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 17 / 2014
Name of Federal Candidate		Support	Office Sou	ght: House District: 00
Ms. Mary L Landrieu		X Oppose	Pres	dent State: LA
Calendar Year-To-Date Per Election for Office Sought		283783.23	Disburseme 2014	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		>	92.90
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		-	
(c) TOTAL Independent Expenditures			··· 	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Da	te 11	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

PAGE

25

OF

Schedule E)	71101120	PAGE 26 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if X 24-hour report 48-hour report New re	port Amends report file	ed on
Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination
Mailing Address 6718 Lake Willow Dr		11 17 2014 Amount
City State	Zip Code	12.00
New Orleans LA	70126	Transaction ID : 869fc139-b0de-4735-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 17 2014
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	283783.23 Dis 201	bursement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Michael Vidrine		11 17 2014
Mailing Address 1103 West Wilson Street		Amount
City State	Zip Code	80.00
Ville Platte LA	70586	Transaction ID : deb2cca3-8ff7-4fde-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 17 2014
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	283783.23 Dis 20	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	92.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures		
		7 7 7
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	nically Filed] Date	11 19 2014
Signature	_	

Schedule E)	NI EXI END	TOTIES		PAGE 27 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on/	D = D / Y = Y = Y
Full Name of Payee Michael Vidrine			M = M /	Distribution/Dissemination
Mailing Address 1103 West Wilson Street			Amount	17 2014
City	State	Zip Code		30.90
Ville Platte	LA	70586		D: 8c52a14c-a217-488c-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	283783.23	Disbursement For: 2014 Other (specific	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Jeanne Tribou			M M /	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		40.00
Mandeville	LA	70471		: ed870f42-6e8a-4361-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	283783.23	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			70.90
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			
.,			7	4
(c) TOTAL Independent Expenditures			•	47- 47-
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 19	2014
Jigilataio				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report X New report X Amends report file	d on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jeanne Tribou	11 17 2014
	Mailing Address 22369 Ponderosa Dr.	Amount
	City State Zip Code	6.90
	Mandeville LA 70471	Transaction ID : 9d64e171-f66c-445e-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calcificati to Bate	oursement For: Primary X General
	Per Election for Office Sought 283/83.23 201	Other (specify) ▶
	Full Name of Payee Colton R Overcash	Date of Public Distribution/Dissemination
	Mailing Address 121 Ohara Dr	11 17 2014 Amount
	City State Zip Code Salisbury NC 28147	95.00 Transaction ID : 5d686bd9-6553-475d-a
	Purpose of Expenditure Category/	Date of Disbursement or Obligation
	Salary Type 001	11 17 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Dis 283783.23	bursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	101.90
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not new the with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	11 19 2014
	Signature	

PAGE 28

OF

Schedule E)	INT EXI END	HONES	-	PAGE 29 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Colton R Overcash			Date of Public	Distribution/Dissemination
Mailing Address 121 Ohara Dr			Amount	17 2014
			Amount	
City	State	Zip Code		72.90
Salisbury	NC	28147		0: 6768bb8a-c18d-4dee-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	283783.23	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Christine Stevens			M M /	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		70.00
Winchester	VA	22602		: 10493cd5-82b6-4d62-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	283783.23	Disbursement For: 2014 Other (spe	Primary Seneral
(a) SUBTOTAL of Itemized Independent Expendit	ures			142.90
(b) SUBTOTAL of Uniternized Independent Expen	ditures			
(a) Control of Childring and Independent Expen				
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 19	2014
Signaturo				

Scl	hedule E)	Al Lite.					PAGE 30 OF 34 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report 48-hour report	New repo	ort Am	nends repc	ort filed on	M = M	/ D = D / Y = Y = Y
T	Full Name of Payee Jazmine d Conner				_	м – м	c Distribution/Dissemination
-	Mailing Address 100 ASBURY CT				Amo	11 unt	17 2014
F	City Stat		Zip Code		— r		60.00
	WINCHESTER VA		22602				ID: 67311cc0-15b0-4dfd-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M M M M	17 2014
	Name of Federal Candidate		<u> </u>	Support	Office Soug	ht:	House District: 00
	Ms. Mary L Landrieu			Oppose	Presid	_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	283783.23		Disburseme 2014	nt For: Other (sp	Primary
	Full Name of Payee Jon E Conner				Date		ic Distribution/Dissemination
-						11	17 2014
	Mailing Address 100 Asbury Ct				Amo	unt	
1	City Sta	ate	Zip Code		$ \Gamma$		60.00
	Winchester	Α	22602				D: 5f5dd19e-780e-4f88-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001] [M M M	17 2014
	Name of Federal Candidate			Support	Office Soug	ıht:	House District:00
ŀ	Ms. Mary L Landrieu		X	Oppose	Presid	•	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		283783.2	3	Disburseme 2014		Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures						120.00
(I	b) SUBTOTAL of Unitemized Independent Expenditures.				· •		1 1 4 1 1 4 1
(0	c) TOTAL Independent Expenditures				· [
W	Under penalty of perjury I certify that the independent ex vith, or at the request or suggestion of, any candidate or earty committee) any political party committee or its agent	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 11	19	/ Y Y Y Y Y 2014
	Signature		_				

Schedule E)		1101120		PAGE 31 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	/ D D / Y D Y D Y
Full Name of Payee Rodney O Culbreath			Date of Publi	ic Distribution/Dissemination
Mailing Address 100 Asbury Ct			Amount	17 2014
Cia.	State	Zip Code		70.00
City Winchester	VA	22602		70.00 ID : 7879ef91-c001-4e55-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	17 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		283783.23	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Rodney D Culbreth			M = M	ic Distribution/Dissemination
Mailing Address 100 Asbury CT			Amount	17 2014
3200 Dam Neck Rd				
City Winchester	State VA	Zip Code 22602	Transaction I	70.00 D : e123f00e-9d25-4186-8 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disp	/ 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		283783.23	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	ditures			140.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		· •	1 2 1 2
(c) TOTAL Independent Expenditures			•	792
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	11 / 19	2014
Signature				

Sch	nedule E)	L /(1 L /(2)	1101120		PAGE 32 OF 34 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y = Y
	Full Name of Payee Rze Culbreath				of Public Distribution/Dissemination
1	Mailing Address 100 Asbury Ct			Amou	11 17 2014
	City Winchester	State VA	Zip Code 22602		70.00 action ID : c1aa9ba3-02ec-4b34-a
	Purpose of Expenditure Salary		Category/ Type 001		of Disbursement or Obligation
	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	283783.23	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	Full Name of Payee Michael B Fuhrmann				of Public Distribution/Dissemination
	Mailing Address 329 Columbia St			Amou	nt
	City	State	Zip Code		30.00
	Shreveport Purpose of Expenditure	LA	71104	Date	of Disbursement or Obligation
	Salary		Category/ Type 001	N	11 17 / 2014
	Name of Federal Candidate		Support	Office Sough	it: House District: 00
	Ms. Mary L Landrieu		Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	283783.23	Disbursemen 2014	t For: Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures	\$		•	100.00
(b	b) SUBTOTAL of Unitemized Independent Expenditure	ıres			
(c	c) TOTAL Independent Expenditures			· •	
Wi	nder penalty of perjury I certify that the independen ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	19 2014
	Signature				

Schedule E)	VI EXI END	ITOTILO		PAGE 33 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee Michael B Fuhrmann			M = M /	Distribution/Dissemination
Mailing Address 329 Columbia St			Amount	17 2014
City	State	Zip Code		4.20
Shreveport	LA	71104		D: efd6794d-23e3-4209-b
Purpose of Expenditure Mileage		Category/ Type 002	M - M /	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	283783.23	Disbursement For: 2014 Other (sp.	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Timothy Foley			M M /	17 2014
Mailing Address 20679 Glenbrook Terrace			Amount	
City	State	Zip Code		15.00
Sterling	VA	20165		D: 1565c13f-a520-4a60-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	283783.23	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			19.20
(b) SUPTOTAL of Unitemized Independent Expense	lituroo		111	
(b) SUBTOTAL of Unitemized Independent Expendent	illures		· •	7
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 19	2014

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report file	d on
	Full Name of Payee	Date of Public Distribution/Dissemination
	Heather Ainsworth	11 17 2014
	Mailing Address 9685 Paula St	Amount
	City State Zip Code	100.00
	Keithville LA 71047	Transaction ID : fe9dfc1e-b6cc-4067-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	000700 00	pursement For: Primary K General
	Per Election for Office Sought 283783.23 2014	Other (specify) -
	Full Name of Payee Heather Ainsworth	Date of Public Distribution/Dissemination
	Mailing Address 9685 Paula St	11 17 2014
		Amount
	City State Zip Code	15.60
	Keithville LA 71047	Transaction ID: e01e83d9-203f-41d0-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 17 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Dist 283783.23	oursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	115.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	2887.35
,	Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	11 19 2014
	Signature	
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PAGE 34

OF